

DATE DUE: September 1, 2010

**2010-2011 BASE FUNDS ONLY APPLICATION FORM
HIGH-ABILITY LEARNERS**

School District Name		County/District Number
Street Address	City	Zip Code (5 Digits)
Phone #	FAX #	
Superintendent Name	E-Mail Address	
Contact Person, if other than the Superintendent	E-Mail Address	

PART 1—REQUEST FOR BASE FUNDS ONLY -- If applying for the Base funds ONLY, as allowed by [Rule 3, Sec. 007.01, paragraph 4] please complete the information on this form, provide a statement regarding the compliance of local HAL plan for 2010-2011 or the plan itself, and forward these documents to the listed return address (upper left corner).

Base Amount—This amount is an estimate

\$2,588 (1)

Total State Funds

\$2,588 (2)

PART II—PROPOSED BUDGET FOR FISCAL YEAR 2010-2011 FUNDS

Salaries for certified, endorsed, or licensed personnel working with high-ability learners _____(3)

Staff Development/Training Activities _____(4)

Activities associated with high-ability learner education
(includes conferences, distance learning fees, testing costs, etc.) _____(5)

Supplies, materials _____(6)

TOTAL PROPOSED BUDGET (This amount must equal or exceed Total State Funds) _____(7)

Signature	Date
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Return original to address listed at the top of the page. Keep a copy for your records.